

## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

## **DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO. 10401/1

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled IMMORTALIZED, HOMOZYGOUS STAT1- DEFICIENT MAMMALIAN CELL LINES AND THEIR USES, the specification of which was filed on November 3, 1997 as Application Serial No. 08/962,740.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

M. Lisa Wilson (Reg. No. 34,045) Estelle J. Tsevdos (Reg No. 31,145)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

M. Lisa Wilson KENYON & KENYON One Broadway New York, New York 10004 (212) 425-7200 (phone) (212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

RESIDENCE & CITY Ne POST OFFICE ADDRESS  17  Signature  FULL NAME OF INVENTOR  RESIDENCE & CITY CITY CITY CITY CITY CITY CITY CITY	ew York  ST OFFICE ADDRESS  E 95th Street Apt 4F  MILY NAME  ALESE	New Yor  CITY  New Yor  FIRST GIVEN	k Date 4/2	COUNTRY OF CITIZENSHIP  USA  STATE & ZIP CODE/COUNTRY  10128
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FULL NAME OF INVENTOR  RESIDENCE & CITIZENISHIP	E 95th Street Apt 4F	New Yor	Date 4/2	CODE/COUNTRY 10128
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FULL NAME OF INVENTOR  RESIDENCE & CITIZENISHID	MILY NAME		4/2	4/98
RESIDENCE & CIT			NAME	
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Signature Joan Elizabeth Durbin	Date 4/29/98
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